

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51463 (0)

1. Corporation Name
DADEFUND, INC.



Principal Place of Business
200 S. BISCAYNE BLVD.
SUITE 2780
MIAMI FL 33131
US

Mailing Address
200 S. BISCAYNE BLVD.
SUITE 2780
MIAMI FL 33131-2310
US

3. Date Incorporated or Qualified
10/23/1992

3a. Date of Last Report
01/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0366144	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No
24	25		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHACK, RUTH
SUITE 2780
200 BISCAYNE BLVD.
MIAMI FL 33131-2343

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE		1.1 TITLE		☐ Change	☒ Addition
NAME	KNIGHT, DEWEY			1.2 NAME	PRIO, MARIA ELENA		
STREET ADDRESS	200 S. BISCAYNE BLVD.			1.3 STREET ADDRESS	200 S. BISCAYNE BLVD		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	D	☐ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME	GHISLAIN, GOURAIGE J			2.2 NAME			
STREET ADDRESS	701 BRICKETT AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE		☐ Change	☐ Addition
NAME	DAVID, LAWRENCE J			3.2 NAME			
STREET ADDRESS	200 S BISCAYNE BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	DP	☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME	SHACK, RUTH			4.2 NAME			
STREET ADDRESS	200 S. BISCAYNE BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME	FARQUHAR, CAROL A			5.2 NAME			
STREET ADDRESS	1031 WEST RHAN ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTON OH			5.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
NAME	MCKENNA, MARY			6.2 NAME			
STREET ADDRESS	312 PINE STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE TE			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

(305)371-2711

Daytime Phone # 0026532

CR2E037 (9/96)